

United States Bankruptcy Court
Eastern District of Virginia

In re **Cynthia Shirley Gault**,
Debtor

Case No. **13-32029**

Chapter **7**

SUMMARY OF SCHEDULES - AMENDED

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	200.00		
B - Personal Property	Yes	3	5,868.69		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		21,666.11	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	4		75,781.64	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			1,273.13
J - Current Expenditures of Individual Debtor(s)	Yes	1			1,287.00
Total Number of Sheets of ALL Schedules		15			
Total Assets			6,068.69		
Total Liabilities				97,447.75	

United States Bankruptcy Court
Eastern District of Virginia

In re **Cynthia Shirley Gault**,
 Debtor

Case No. **13-32029**

Chapter **7**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	43,186.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	43,186.00

State the following:

Average Income (from Schedule I, Line 16)	1,273.13
Average Expenses (from Schedule J, Line 18)	1,287.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	587.02

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		11,516.11
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		75,781.64
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		87,297.75

B6F (Official Form 6F) (12/07)

In re **Cynthia Shirley Gault**Case No. **13-32029**

Debtor

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxx5098 Bon Secours PO Box 28538 Henrico, VA 23228	-	7/12/2005 Medical				431.00
Account No. xxxxxxx0686 Bon Secours PO Box 28538 Henrico, VA 23228	-	3/25/2013 Medical				3,734.05
Account No. xxxxxxx0686 Bon Secours PO Box 28538 Henrico, VA 23228	-	3/25/2013 Medical				14,937.00
Account No. xxxxxxxxxxxx1387 Cap One PO Box 30253 Salt Lake City, UT 84130	-	Opened 11/01/05 Last Active 12/26/12 Credit Card				468.00
Subtotal (Total of this page)						19,570.05

3 continuation sheets attached

In re **Cynthia Shirley Gault**Case No. **13-32029**

Debtor

AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxxxxxx4038 Cap One PO Box 30253 Salt Lake City, UT 84130	-	Opened 3/01/03 Last Active 2/15/13 Credit Card				371.00
Account No. xxxxxxxxxxxx3808 Cap One / Orchard Bank PO Box 30253 Salt Lake City, UT 84130	-	Opened 9/01/01 Last Active 2/02/13 Credit Card				1,023.00
Account No. xxxxxxxxxxxx6204 Capital One Bank Attn: Bankruptcy Dept. PO Box 30285 Salt Lake City, UT 84130	-	Opened 1/01/05 Last Active 11/27/12 Credit Card				5,271.00
Account No. xxxxxxxxxxxx4914 Capital One Bank Attn: Bankruptcy Dept. PO Box 30285 Salt Lake City, UT 84130	-	Opened 3/01/05 Last Active 8/30/12 Credit Card				901.00
Account No. xxxxxxxA679 Cardiovascular Assoc. of VA 7229 Forest Ave. Suite 110 Richmond, VA 23226	-	2013 Medical				211.00
Sheet no. <u>1</u> of <u>3</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 7,777.00

In re Cynthia Shirley GaultCase No. 13-32029

Debtor

AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxxxxxx7453 Chase Bank One Card Serv P.O. Box 15298 Wilmington, DE 19850	-	Opened 12/22/03 Last Active 2/16/05 Credit Card				10.00
Account No. xxxxxx-xCWR1 Commonwealth Radiology 1508 Willow Lawn Dr. Suite 117 Richmond, VA 23230-3421	-	March 2013 Medical				135.00
Account No. xxxxxx-xxxx4733 Inpatient Medical Services PA PO Box 670585 Dallas, TX 75267	-	3/25/2013 Medical				496.59
Account No. xxxxxxxxxxxx9104 Metabnk/fhut 6250 Ridgewood Road Saint Cloud, MN 56303	-	Opened 6/10/11 Last Active 2/15/13 Charge Account				90.00
Account No. xxx*xxxxxx8948 Richmond Emergency Physicians PO Box 79013 Baltimore, MD 21279	-	March 2013 Medical				1,057.00
Sheet no. <u>2</u> of <u>3</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,788.59

In re **Cynthia Shirley Gault**Case No. **13-32029**

Debtor

AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxxxxxxxxxxxxxx0203 Sallie Mae Attn: Claims Department PO Box 9500 Wilkes-Barre, PA 18773	-	Opened 2/01/94 Last Active 7/14/06 Student Loan				43,186.00
Account No. xxxxxxxxxxxxx5922 Spiegel/WFNNB Wfnnb P.O. Box 182125 Columbus, OH 43218	-	Opened 4/01/10 Last Active 2/02/13 Charge Account				89.00
Account No. xxx-xx-3802 St. Mary's Hospital 5801 Bremo Road Richmond, VA 23226	-	March 2013 Medical				3,325.00
Account No. xxxxY000 St. Mary's of Richmond Pro Fee 8585 S. Broadway Suite 880 Merrillville, IN 46410	-	2013 Medical				46.00
Account No.						
Sheet no. 3 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 46,646.00
(Report on Summary of Schedules)						Total 75,781.64

United States Bankruptcy Court
Eastern District of Virginia

In re Cynthia Shirley Gault

Debtor(s)

Case No. 13-32029
Chapter 7

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith:

- ☐ Involuntary/Voluntary Petition [Specify reason for amendment: _____]
Check if applicable: ☐ Soc. Sec. No. amended. [If applicable: An original, signed Official Form 21 was marked/hand-delivered to the Clerk's office on _____.*]
- ☒ Summary of Schedules (Includes Statistical Summary of Certain Liabilities and Related Data)
- ☐ Schedule A - Real Property
- ☐ Schedule B - Personal Property
- ☐ Schedule C - Property Claimed as Exempt
- ☒ **Schedule D, E, or F, and/or list of Creditors or Equity Holders - REQUIRES COMPLIANCE WITH LOCAL RULE 1009-1 (\$30.00 fee required if adding or deleting pre-petition creditors, changing amounts owed or classification of debt.) Check applicable statement(s):**
- ☒ **Creditor(s) added** ☐ **Creditor(s) deleted**
- ☐ **Change in amounts owed or classification of debt**
- ☐ **No pre-petition creditors added/deleted, or amounts owed or classification of debt changed.** [Docket: Amended Schedule(s) and/or Statement(s), List(s)-NO FEE]
- ☐ **Post-petition creditors added (Schedule of Unpaid Debts)**
- REMINDER: Conversion of Chapter 13 to Chapter 7 - only file Schedule of Unpaid Debts.**
- ☐ Schedule G- Executory Contracts and Unexpired Leases
- ☐ Schedule H - Codebtors
- ☐ Schedule I - Current Income of Individual Debtor(s)
- ☐ Schedule J - Current Expenditures of Individual Debtor(s)

[NOTE: The form "NOTICE TO CREDITOR(S) (RE AMENDMENT)" is still required when adding or deleting creditors.

*Amendment of debtor(s) Social Security Number requires that a hard copy of this cover sheet together with a completed Official Form 21 - Statement of Social Security Number(s) be submitted to the Clerk's Office for entry of the amended Social Security Number into the Court's database.]

- ☐ Statement of Financial Affairs
- ☐ Chapter 7 Individual Debtor's Statement of Intention
- ☐ Chapter 11 List of Equity Security Holders
- ☐ Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims
- ☐ Disclosure of Compensation of Attorney for Debtor
- ☐ Other: _____

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a) and Local Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the United States Trustee, the trustee in this case, and to any and all entities affected by the amendment as follows: Cardiovascular Associates of Richmond, St. Mary's of Richmond Pro Fee.

Date: May 28, 2013

/s/ Jessica L. Fellows

Attorney for Debtor(s) [or Pro Se Debtor(s)]

State Bar No.: **82095**

Mailing Address: **America Law Group, Inc. dba Debt Law Group**
America Law Group, Inc. dba Debt Law Group
2800 N. Parham Road, Suite 100
Henrico, VA 23294

Telephone No.: **804-308-0051**

**United States Bankruptcy Court
Eastern District of Virginia**

In re **Cynthia Shirley Gault**

Debtor(s)

Case No. **13-32029**

Chapter **7**

TO:

St. Mary's of Richmond Pro Fee
8585 S. Broadway
Suite 880
Merrillville, IN 46410

**Cardiovascular Associates
7229 Forest Avenue
Suite 110
Richmond, VA 23226**

**NOTICE TO
CREDITOR(S) (RE AMENDMENT)**

NOTICE IS HEREBY GIVEN that an amendment to the above-captioned debtor's schedules has been filed

- ☒ adding you as a creditor,
☐ deleting you as a creditor,
☐ correcting your address

A copy of the amendment is forwarded to you together with this notice.

[If amendment is adding creditor(s)] NOTICE IS FURTHER GIVEN that also forwarded to you together with this notice is a copy of the notice of the meeting of creditors called by the United States Trustee pursuant to Federal Rule of Bankruptcy Procedure 2003, giving the particulars of the case and stating the last date for the filing of claims (*if any was given*), for filing complaints objecting to the discharge and complaints to determine the dischargeability of certain debts; a copy of the discharge of the debtor, *if one has been entered*, a subsequent notice to file claims, *if one has been issued*, and any other filed document affecting the rights of the added creditor(s).

Cynthia Shirley Gault

Date: May 28, 2013

By **/s/ Jessica L. Fellows**

Attorney for Debtor [or *Pro Se* Debtor]

State Bar No.: **82095**

Address: **America Law Group, Inc. dba Debt Law Group
America Law Group, Inc. dba Debt Law Group
7825 Midlothian Tnpk, Ste 104
Richmond, VA 23235**

Telephone No.: **804-658-1142**

CERTIFICATION

I certify that on **May 28, 2013**, I served a copy of the foregoing notice on the United States Trustee, any appointed trustee, and any and all entities affected by the amendment pursuant to Local Bankruptcy Rule 1009-1(A).

/s/ Jessica L. Fellows

Jessica L. Fellows 82095

Attorney for Debtor [or *Pro Se* Debtor]

**United States Bankruptcy Court
Eastern District of Virginia**

In re **Cynthia Shirley Gault**

Debtor(s)

Case No. **13-32029**

Chapter **7**

**AMENDED
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I certify under penalty of perjury that the foregoing is true and correct.

Date **May 28, 2013**

Signature **/s/ Cynthia Shirley Gault**

Cynthia Shirley Gault

Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571